## P99000084011



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Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of FICTITIOUS NAME  FICTITIOUS NAME SEARCH	-
Annual Report Fictitious Name Name Reservation	REGISTRATION/QUALIFICATIO Foreign Limited Partnership Reinstatement Trademark Other	CORP SEARCH  ———————————————————————————————————	-
Ordered By:	·:	T. SANTH MAR 1 6 1999	)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 12, 1999

UCC FILING & SEARCH SERVICES, INC.

SUBJECT: U.S. CAPITAL LEASING CORPORATION

Ref. Number: W99000006127

OK

We have received your document for U.S. CAPITAL LEASING CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Article VII please give the title of the officer.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith Document Specialist

AHN

Letter Number: 599A00012030

DIVISION OF CORPORATION

SE : 11 MA 31 AAM 88

BECEIVED

ARTICLES OF INCCORPORATION OF

NAME ARTICLE I. THE NAME OF THE CORPORATION SHALL BE: U. S. Capital Leasing Corporation THE PRINCIPAL PLACE OF OF BUSINESS OF THIS CORPORATION SHALL BE: 2200 Kings Highway Building 3-L, Suite #3 Port Charlotte, Florida 33980 NATURE OF BUSINESS ARTICLE II. THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION. CAPITAL STOCK ARTICLE III. THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS \_\_\_\_\_\_\_\_ SHARES OF COMMON STOCK HAVING \$ \_\_\_\_\_ PAR VALUE PER SHARE.

ARTICLE IV. ADDRESS

THE STREET ADDRESS OF THE INITIAL REGISTERS OFFICE OF THE CORPORATION SHALL

2200 Kings Highway

Building 3-L Suite #3

Port Charlotte, Florida 33980

THE NAME OF THE INITIAL REGISTERED AGENT OF THE CORPORATION AT THAT ADDRESS

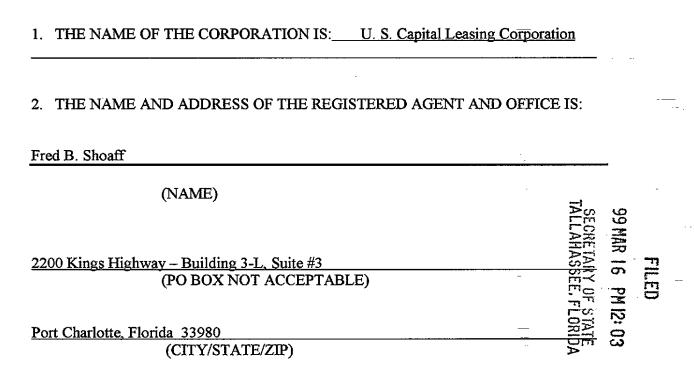
IS: Fred B. Shoaff

ARTICLE V.	TERM OF EXISTENCE	- <del>-</del> -	- 
THIS CORPORA	TION IS TO EXIST PERPETUALLY.		
ARTICLE VI.	DIRECTORS	<del></del> =	
		<u></u>	<del>-</del> ·
THIS CORPORA	ΓΙΟΝ SHALL HAVE <u>1</u> DIRECTOR (S), IN	IITIALLY.	
THE NAME AND	ADDRESS OF THE INITIAL BOARD OF DIRECTO	ORS;	
Fred B. Shoaff		=-	
	vay, Building 3-L, Suite #3	<del></del>	
Port Charlotte, Flo		<del>.</del>	
President/Se		÷	<del></del>
	OFFICERS		
ARTICLE VII.	OFFICERS	_	
<del></del>		<b>=</b>	<del></del>
THE NAME AND SERVE FOR ON	O ADDRESS OF THE INITIAL OFFICERS OF THE C E YEAR OR UNTIL THEIR SUCCESSORS ARE ELE	ORPORATION, WHO SHALL COTED OR APPOINTED ARE:	·
Fred B. Shoaff		-	
	way, Building 3-L, Suite #3	=	
Port Charlotte, Fl	onda 33980	•	
ARTICLE VIII.	INCORPORATOR	- -	
		<u> </u>	
THE NAME AN	D STREET ADDRESS OF THE INCORPORATOR TO ON IS:	THESE ARTICLES OF	
Fred B. Shoaff 2200 Kings High Port Charlotte, F	way, Building 3-L, Suite #3 Iorida 33980	-	
		n.	
IN WITNESS W	THEREOF, THE UNDERSIGNED,DAY OF	l- Shooff	
HAS SET HIS E	(AND ON THIS DAY OF	=	

<del>...</del> --

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 507.0501. OR 617.0501. FLORIDASTATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.



HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ĀCT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

(SIGNATURE/DATE)